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| **Section 1.** **Applicant Information** |
|  | a. Date: |  |
|  | b. Institution: |  |
|  | c. Address: |  |
|  | d. City, State, Zip Code: |  |
|  | e. Phone: |  |
|  | f. Permit Contact Name: |  |
|  | g. Permit Contact Email: |  |
|  |  |  |
| **Section 2. Overview of Organization**  |
|  | a. Nature and status of applicant organization: |  |
|  |  |
|  |  |
|  | b. Scientific affiliations: |  |
|  |  |
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|  | c. General scope and character of applicant organization’s activities and objectives: |  |
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| **Section 3. Security** |
|  | a. Brief description of facility security:  |  |
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| **Section 4. Please Note:** |
| a. This is not a standalone document. Please attach completed form to an Arizona Antiquities Act Project-Specific Permit Application. b. Section 1b: Institution refers to the company, agency, or institution conducting work. |